| Office use: | HH# | |
|-------------|--------|--|
| Jilice use. | 111177 | |

Wethersfield Parks & Recreation Department

505 Silas Deane Highway, Wethersfield, CT 06109

Phone: (860) 721-2890

wethersfieldct.gov/recreation

Registration Form

| H | OUSEHOLD CO | ONTACT | INFORMATION – AL | L INFORMATIO | N MUST BI | COMPLETED | | |
|--------------------------------|----------------------------|------------|---|---------------|------------|-----------------|-----|--|
| Adult First Name | | | Last | Name | | | | |
| Street Address | | | City | | State | Zip | | |
| Phone: Home | | Cel | | · | Work | | | |
| Email Address | | | | | | | | |
| Emergency Contact | | | Relationship _ | | Phon | e | | |
| | | 1 | VER AND PAYMENT | | | | | |
| Program Registr (SECTION A) | Program Registration - [] | | Friends of Nature Center - [] (SECTION C) OVER → | | | | | |
| (020110117) | | SI | ECTION A – PROGRA | | - | Jenou By Oten y | | |
| (FOR THERAPEUTIC RECR | EATION, ALSO | | | W KEGISTKATIC | 514 | | | |
| Participant | M/F | DOB | Grade (in Spring) | Program | Name | Program Code | Fee | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Special Information (alle | ergies, medic | al cond | itions, medications | , etc.) | | | | |
| CEC | TION R _ TUE | DADELIT | TIC RECREATION SUP | DIEMENTAL DE | CISTRATIC | NI EODM | | |
| | | | the following informat | | | | | |
| Participant's Name: | | | | | | | | |
| Primary Disability: | | | | | | | | |
| Assistive or Adaptive Dev | | | | | | | | |
| Medications: | | | | | | | | |
| Side effects staff should l | | | | | | | | |
| Allergies: | | | | | | | | |
| | | | | | | | | |
| Special Considerations (r | elated to med | lical or b | ehavioral needs): | | | | | |
| | | | | | | | | |

| SECTION C – FRIENDS OF THE NATURE CENTER | | | | | | | | |
|--|---|--------------------------|--------------|--------------------------------|-------------|---------|-------------------|--|
| Annual Memberships | | | Life | etime Memberships Registration | | | Fee | |
| [] Individual | | \$15 [] | | Individual | \$500 | | | |
| [] Family (2 Adult Max) | | \$25 [] | | Family (2 Adult Max | k) \$1000 | 0 | | |
| [] Group (Non-Profit, School , Scouts e | tc.) | \$40 | L | | | | | |
| [] Guardian of Nature |] Guardian of Nature \$65 (Includes Pin & T-Shirt | | | t) | | | | |
| Is this a renewal or new membership? | | [] Renewal | | [] New | | | | |
| Member Information | | | | | | | | |
| First & Last Name | Age | DOB | | First & Last Nam | е | Age | DOB | |
| 1) | | | 4) | | | | | |
| 2) | | | 5) | | | | | |
| 3) | | | 6) | | | | | |
| | | SECTION 5 | 2 2001 | DASC. | | | | |
| SECTION D – POOL PASS Individual Pool Pass - \$40 | | | | | | | | |
| First & Last Name | | | | Age | | DO | В | |
| | | | | - | | | | |
| Family Pool Pass - \$65 (2 Adult Max) | | | | | | | | |
| First & Last Name | Age | DOB | | First & Last Nam | e | Age | DOB | |
| 1) | | | 4) | | | | | |
| 2) | | | 5) | | | | | |
| 3) | | | 6) | | | | | |
| | | | | | | | | |
| 1 | WAIVE | R – READ CAREF | ULLY AND | SIGN BELOW | | | | |
| I acknowledge there are certain risks in participating in a recreational activity and agree to assume the risk of injury which I and/or my child may encounter. I grant permission to seek emergency, medical care on behalf of myself and/or child. (Medical approval is suggested for those participating in any exercise class.) I further agree I will not hold employees of the Town of Wethersfield or its agents liable for any injuries which I and/or my child may encounter. I grant permission for transportation in authorized vehicles for Parks & Recreation activities and for photographs to be taken for department publicity unless otherwise noted in writing. In addition, I acknowledge all household information provided is true and accurate. The Parks & Recreation Department may request further verification regarding the information provided. | | | | | | | | |
| Adult Signature: | | | | Date: | | | | |
| PAYMENT INFORMATION | | | | | | | | |
| Payment Type: [] Check # [Donation for camp fund (Provides assistance for families unable to afford) | | | | Progra Donati | | ubtotal | \$ +(optional) | |
| Credit Card Signature: | | | | Date: | Total A | mount | \$ | |
| I agree to pay the total amou | nt accord | ling to the cardholder a | greement. Pl | ease refer to refund policy i | n brochure. | | | |
| [] Visa | | _ | _ | _ | Exp. Date | | 1 | |